FORE

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

Date Signed

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

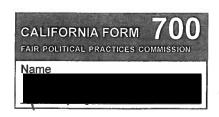
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Human Resource Division Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) 1. Office, Agency, or Court Agency Name Division, Board, Department, District, if applicable If filing for multiple positions, list below or on an attachment. Agency: _ Position: 2. Jurisdiction of Office (Check at least one box) State ☐ Judge (Statewide Jurisdiction) Multi-County County of _ City of ___ Other _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, Leaving Office: Date Left _____/___ 2010. (Check one) O The period covered is January 1, 2010, through the date of The period covered is _____/___, through December 31. leaving office. 2010. ○ The period covered is ______, through the date Assuming Office: Date ____/___ of leaving office. Candidate: Election Year ___ Office sought, if different than Part 1: __ 4. Schedule Summary Check applicable schedules or "None." ▶ Total number of pages including this cover page: __ Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule 5. Verification this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge I certify under penalty of perjury under the laws of the State of Californ

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Reminder you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

| NAME OF SOURCE Abt'/ Assn. of Roblic Russian Attlys. ADDRESS (Business Address Acceptable) 7248 Level Perk Drive CITY AND STATE Scenato CA CS31 BUSINESS ACTIVITY, IF ANY, OF SOURCE COURTING THE SOURCE STOCKETON | NAME OF SOURCE NET!. ASSIN. of RULIC RASION Attached ADDRESS (Business Address Acceptable) (SEC 2 BOVE) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE (SEC 2 BOVE) |
|---|--|
| DATE(S): 3 / 2 / 10 / AMT: \$ /35 | DATE(S): 11 /4 / 10 - 11 / 5 / 10 AMT: \$ /00 |
| TYPE OF PAYMENT: (must check one) Gift Income | TYPE OF PAYMENT: (must check one) Gift Income |
| DESCRIPTION: MCCk; service on | DESCRIPTION: MELLS; Board meeting of |
| Executive Board of Directors Book | Executive Board of Directors |
| NAME OF SOURCE Net'l. Ascn. of Rblic Rusion Atlys. ADDRESS (Business Address Acceptable) Lice Elowe CITY AND STATE | NAME OF SOURCE ADDRESS (Business Address Acceptable) CITY AND STATE |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3) | BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3) |
| DATE(S): 6 24 10 AMT: \$ 120 | DATE(S):// AMT: \$ |
| TYPE OF PAYMENT: (must check one) | TYPE OF PAYMENT: (must check one) Gift Income |
| DESCRIPTION: Med: Based meeting of | DESCRIPTION: |
| Executive Board of Directors | |
| Comments: | |
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